



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAD981103617

10/25/94

INSTALLATION ADDRESS

CMS GILBRETH PACKAGING SYSTEMS
3001 STATE RD
CROYDON, PA 19021
ROBERT BROWN PLANT ENGINEER

3001 STATE RD
CROYDON, PA 19021

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Date Received
(For Official Use Only)
MAR 14 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☐**A. First Notification**☒**B. Subsequent Notification**
(complete item C)**C. Installation's EPA ID Number**

P A D 9 8 1 1 0 3 6 1 7

II. Name of Installation (Include company and specific site name)

C M S G i l b r e t h P a c k a g i n g S y s t e m s

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

3 0 0 1 S t a t e R d.

Street (continued)**City or Town**

C r o y d o n

State**ZIP Code**

P A 1 9 0 2 1 -

County Code**County Name**

0 1 7 B u c k s

IV. Installation Mailing Address (See Instructions)**Street or P.O. Box**

S a m e

City or Town**State****ZIP Code****V. Installation Contact (Person to be contacted regarding waste activities at site)****Name (last)**

B r o w n

(first)

R o b e r t

Job Title

P l a n t E n g i n e e r

Phone Number (area code and number)

2 1 5 - 7 8 5 - 3 3 5 0

VI. Installation Contact Address (See Instructions)**A. Contact Address****Location**☒**B. Street or P.O. Box****City or Town****State****ZIP Code****VII. Ownership (See Instructions)****A. Name of Installation's Legal Owner**

C u l b r o C o r p.

Street, P.O. Box, or Route Number

3 8 7 P a r k A v e

City or Town**State****ZIP Code**

N e w Y o r k N Y 1 0 0 1 6 - 8 8 9 9

Phone Number (area code and number)

2 1 2 - 5 6 1 - 8 7 0 0

B. Land Type☐**C. Owner Type**☐**D. Change of Owner****Indicator**

Yes

☐

No

☒**(Date Changed)****Month****Day****Year**

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractor <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Irritable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
D 0 0 1	F 0 0 3	F 0 0 5	F 0 0 6	D 0 3 9	D 0 0 6
7	8	9	10	11	12
D 0 0 7					

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature X J. M. [Signature]	Name and Official Title (type or print) V.P. of Manufacturing	Date Signed 3/7/94
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



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EPA I.D. NUMBER

+ PAD981103617

10/25/94

INSTALLATION ADDRESS

CMS GILBRETH PACKAGING SYSTEMS
3001 STATE RD
CROYDON PA 19021
ROBERT BROWN PLANT ENGINEER

3001 STATE RD
CROYDON PA 19021

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**EPA**

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United States Environmental Protection Agency

Date Received
(For Official Use Only)

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I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☐

A. First Notification

☒B. Subsequent Notification
(complete Item C)

C. Installation's EPA ID Number

P A D 9 8 1 1 0 3 6 1 7

II. Name of Installation (Include company and specific site name)

C M S G i l b r e t h P a c k a g i n g S y s t e m s

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 0 0 1 S t a t e R d.

Street (continued)

City or Town

C r o y d o n

State

ZIP Code

P A 1 9 0 2 1 -

County Code

County Name

0 1 7

B u c k s

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S a m e r

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

B r o w n

R o b e r t

Job Title

Phone Number (area code and number)

P l a n t E n g i n e e r

2 1 5 - 7 8 5 - 3 3 5 0

VI. Installation Contact Address (See instructions)A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)**A. Name of Installation's Legal Owner**

C u l b r o C o r p.

Street, P.O. Box, or Route Number

3 8 7 P a r k A v e

City or Town

State

ZIP Code

N e w Y o r k

N Y

1 0 0 1 6 - 8 8 9 9

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

2 1 2 - 5 6 1 - 8 7 0 0

P

P

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractor <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)


1	2	3	4	5	6
D 0 0 1	F 0 0 3	F 0 0 5	F 0 0 6	D 0 3 9	D 0 0 6
7	8	9	10	11	12
D 0 0 7					

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (type or print) V.P. of Manufacturing	Date Signed 3/12/94
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Waste Number	Destination Facility	Location and Type
Follow up to	11/9/92 Inspection	(no changes)

Hazardous Waste Inspection Report Generators - Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance	
Status				REQUIREMENT			Chapter Citation
1	2	3	4				262
X				Hazardous waste determination, copies available <i>TCLP</i>			.11
X				Identification number			.12(a)
X				Hazardous waste shipments offered only to licensed transporters			.12(d)
		X		Authorization received from TSD facility for wastes shipped off-site			.13
X				PA manifest used for intrastate shipments			.20(b)
X				Disposer state manifest or EPA format manifest used for out-of-state shipments			.20(c)
X				Manifests filled out properly and completely			.20(g)
X				Manifests routed properly and within time limits (7 days)			.23(e) or (f)
X				Proper U.S. DOT shipping containers or packages			.30(1)
X				Shipping containers marked and labeled according to U.S. DOT			.30(2)
X				Containers of 110 gal. or less marked with required PA label			.30(3)
		X		Placards offered to transporter			.33
X				Wastes accumulated on-site for less than 90 days			.34(1)
X				Wastes stored in proper containers and properly marked and labeled			.34(2)
X				Containers managed in accordance with 265.171-.177			.34(3)
X				Containers clearly marked with accumulation date and visible for inspection			.34(4)
X				Records retained at designated location for 20 years			.40
		X		Quarterly reports submitted to the Department			.41
		X		Exception reporting procedures followed			.42
		X		Hazardous waste disposal plan, if required			.45
		X		Spill reporting procedures followed			.46(a)
		X		Preparedness, Prevention and Contingency Plan and implemented			.46(e)
	X			Special requirements followed for international shipments			50.53.55.60
	X			On the job or classroom personnel training program 265.16			.34(a)(5)
	X			Drum accumulation area inspected weekly as per 265.174			.34(a)(3)

11/5/93

TSD Facilities - Storage (Containers)

1—No Violation Observed				2—Not Applicable				3—Not Determined				4—Non-Compliance			
Status				REQUIREMENT								Chapter Citation			
1	2	3	4									264	26		
X				Containers managed to prevent leaks and spills. /Defective replaced with good containers								171	17		
X				Containers are compatible with waste stored.								172	17		
X				Containers are closed during storage.								173(a)	17		
X				Container storage area inspected weekly for leaks, deterioration, etc.								174	17		
X				Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.								176	17		
X				Satisfactory procedures followed for handling incompatible wastes.								177	17		
X				Incompatible wastes separated or protected from other materials.								177(c)	17		
X				Containers accumulation areas have containment system capable of collecting and holding spills, leaks, and precipitation.								175(a)	17		
X				Containment system has impervious base free of cracks.								175(a)(1)	17		
X				Efficient drainage provided from base to sump or collection system.								175(a)(2)	17		
X				Containment sufficient to contain volume of largest container or 10% of total volume of all containers, whichever is greater.								175(a)(3)	17		
X				Run-on into containment system prevented.								175(b)	17		
X				Spilled or leaked waste and accumulated precipitation removed from sump or collection system with sufficient frequency to prevent overflow.								175(c)	17		
X				At closure, all hazardous wastes and hazardous waste residues removed. Remaining containers, liners, bases, and soil decontaminated or removed.								178	17		
X				Indoor accumulation of reactive or ignitable waste with less than 20% solids meets height and configuration criteria (≤ 6 feet high, 8 ft x 8 ft, 5-foot surrounding aisle space).								179(1)	17		
X				Outdoor accumulation of reactive waste with less than 20% solids meets height and configuration criteria (≤ 9 feet high, 16 ft x 16 ft, 5-foot aisle surrounding group, 12 ft access way).								179(2)	17		
				Minimum setback of 40 feet maintained for outdoor container accumulation of ignitable or reactive wastes.								179(2)	17		
				Accumulation of nonreactive or nonignitable hazardous waste meets height and configuration criteria ≤ 9 feet high.								179(3)	17		
				Containers labeled to accurately identify hazardous waste contained.								Act 97 Section 6018.4			

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable				3-Not Determined				4-Non-Compliance					
Status				REQUIREMENT												Citation	
1	2	3	4													40 CFR Part 268	
X				Generators													
X				Notification sent with shipments of wastes that do not meet treatment standards.												7(a)(1)	
X				Notification and certification sent with shipments of wastes meeting treatment standards.												7(a)(2)	
X				Dilution not used as a substitute for treatment.												3	
X				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.												7(a)(5), (a)(6)	
	X			Storage Facilities													
	X			Facility verifies generators classification of waste in accordance with waste analysis plan.												25 Pa Code 265.13(c)	
	X			Containers marked to identify contents and accumulation date.												50(a)(2)	
	X			Notification sent with shipments of wastes that do not meet treatment standards.												7(a)(1)	
	X			Notification and certification sent with shipments of wastes meeting treatment standards.												7(a)(2)	
	X			Facility maintains records of documents produced pursuant to LDR requirements.												7(a)(6)	
X				Treatment Facilities, including PBR and RRR Facilities													
X				Dilution not used as a substitute for treatment.												3	
X				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.												7(b)	
X				Certification and/or notification sent with shipments of waste.												7(b)(4), (b)(5), (b)(6)	
	X			Land Disposal Facilities													
	X			Facility tests wastes received to assure compliance with applicable treatment standards.												7(c)(2)	
	X			Facility land disposes of restricted waste only if it meets applicable treatment standard.												40	
	X			Facility retains copies of generator notifications and certifications.												7(c)(1)	

Inspection Report Comments

Date of Inspection 1/5/93 Identification Number PA098103617 Facility/Site Name CMS Gibraltar

PERMISSION TO CONDUCT FOLLOWUP GRANTED BY RICH SNYDER.

FIVE VIOLATIONS NOTED ON 11/5/92:

① 262.42 FACILITY RECEIVED FAXED COPIES OF SIGNED MANIFESTS.

② 262.34(4): THE UPDATED CONTAINER WAS REMOVED 12/17/92

③ 262.34(1): CONTAINER REMOVED 12/17/92

④ 262.34(4): " " " "

⑤ 265.93(2): " " " "

A COPY OF
THIS MANIFEST
IS ATTACHED

... HAVE BEEN CORRECTED.

NO VIOLATIONS ~~NOTED~~ OBSERVED, TODAY.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of the Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature)

Richard C. Snyder

Date

01/05/93

Inspector (signature)

Michael J. Zubacki

Date

1/5/93

Page (5) of 5

Rec'd Page 5 only today

UNIFORM HAZARDOUS

WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law but is required by State law.

3. Generator's Name and Mailing Address

CMS Gilbreth

3001 State Road, Croydon, PA. 19020

4. Generator's Phone (215) 244-2280

5. Transporter 1 Company Name

Remtech Environmental

6. US EPA ID Number

PAD067098822

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Remtech Environmental Lewisberry, Inc.

550 Industrial Drive

Lewisberry PA. 17339

10. US EPA ID Number

PAD067098822

A. State Manifest Document Number

PAC 7855422

B. State Gen. ID

SAME

C. State Trans. ID

PA-AH10146

D. Transporter's Phone (717) 938-6745

E. State Trans. ID

PA-1133

F. Transporter's Phone ()

G. State Facility's ID

H. Facility's Phone (717) 938-6745

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

15. Waste No.

a. Hazardous waste liquid (lead,chrom) ORM-E NA9189 (D006, D007)(D002)

006 DR 00330 G D002 D006 D007

b. Waste flammable liquid (n-propyl,acetate) flammable liquid, UN1993 (D001, F003, F005)

007 DR 00385 G D001 F003 F005

c. RQ Hazardous waste solid (F006) (Metal Hydroxides) ORM-E UN9189

003 DR 1200 P F006

J. Additional Descriptions for Materials Listed Above

Lab Pack

Physical State

Lab Pack

Physical State

a. ☐ Lc. ☐ Sb. ☐ Sd. ☐

K. Handling Codes for Wastes Listed Above

a. Sol c. Sol

b. Sol d.

15. Special Handling Instructions and Additional Information

11a. ERG#31 Approval#20566-C-WR2

11b. ERG#27 Approval#20566-D-FM

11c. ERG#31 Approval#20566-E-LE

Emergency phone/contact: 610-638-7111 RICHARD SNYDER

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Richard C. Snyder

Signature

Richard C. Snyder

MONTH DAY YEAR

11 21 79

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Richard C. Snyder

Signature

Richard C. Snyder

MONTH DAY YEAR

11 21 79

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

MONTH DAY YEAR

19. Discrepancy Indication Space

11A1 Delete D002

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Kevin T. Landis

Signature

Kevin T. Landis

MONTH DAY YEAR

11 21 89

Hazardous Waste Inspection Report
Generators - Part A

Green

Date of inspection 3/5/91 Time start 9:50 Time finish _____
 Name of inspector Mike Rybacki
 Company, installation name CMS Gilbreth Packaging Systems
 Location 3001 State Road Croyden, PA 19020
 County Bucks Municipality Bristol Twnsp.
 Identification number PAD 981103617
 Name of responsible official James A. Nash
 Title Plant Engineer
 Mailing address ~~Above~~ 3300 STATE ROAD BENSALEM PA 19020
 Area code and telephone number (215) 785-3350
 Name of person interviewed James Nash
 Title _____
 Mailing address (if different from above) _____
 Area code and telephone number _____

1. Current waste handling method:

- a. ☒ On-site ☒ treatment, ☐ storage, ☐ disposal ☒ PBR
 b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
 c. ☒ Off-site ☒ treatment, ☐ storage, ☒ disposal
 d. ☒ Off-site ☐ use, ☐ reuse, ☐ recycle, ☒ reclaim

2. Amount of hazardous waste produced:

- a. Waste ~~1000~~ LQG kg./mo. To be determined
 b. _____ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
D001	Safety-Kleen	77 Corn Rd Fairless Mills, PA
F003	Petro-Chem Processing	515 Lyons Rd
F005		Detroit, MI 48224
F006	Chem Met Service	18550 Allen Rd.
D007		Wyandotte, MI 48192
D001	Petro-Chem	
D002, 6, 7, 8	Waste Conversion Inc	2869 Sandstone Drive
F006	(chromic acid, CuSO ₄ , system Solids)	Hotfield, PA 19440
F002, F003, F005	Waste Conversion	



Hazardous Waste Inspection Report
Generators — Part B

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance	Chapter Citation
Status				REQUIREMENT			75.262
1	2	3	4				
X				Hazardous waste determination, copies available (TC RULE 262.11)			(b)
X				Identification number			(c)(1)
X				Hazardous waste shipments offered only to licensed transporters			(c)(4)
X				Authorization received from TSD facility for wastes shipped off-site <i>needs for all sep comments waste streams</i>			(d) 262.13
X				PA manifest used for intrastate shipments			(e)(2)
X				Disposer state manifest or EPA format manifest used for out-of-state shipments			(e)(3)
X				Manifests filled out properly and completely (see comments)			(e)(7) 262.20
X				Manifests routed properly and within time limits (7 days) <i>see comments 4/12/88</i>			(e)(14) or (15)
X				Proper U.S. DOT shipping containers or packages			(f)(1)(i)
X				Shipping containers marked and labeled according to U.S. DOT			(f)(1)(ii)
X				Containers of 110 gal. or less marked with required PA label			(f)(1)(iii)
X				Placards offered to transporter			(f)(2)
X				Wastes accumulated on-site for less than 90 days <i>see comments</i>			(g)(1)(i)
X				Wastes stored in proper containers and properly marked and labeled <i>see comments</i>			(g)(1)(ii)
X				Containers managed in accordance with 75.265(q)(1)–(9)			(g)(1)(iii)
X				Containers clearly marked with accumulation date and visible for inspection			(g)(1)(iv)
X				Records retained at designated location for 20 years			(h)
X				Quarterly reports submitted to the Department			(i)
X				Exception reporting procedures followed			(j) 262.42 ⁿ
X				Hazardous waste disposal plan, if required			(l)
X				Spill reporting procedures followed			(m)(1)
X				Preparedness, Prevention and Contingency Plan and implemented <i>1988 ink in parking incident</i>			(m)(5)
X				Special requirements followed for international shipments			(o)
X				On the job or classroom personnel training program [75.265(f)] <i>has Human Resources Dept. control</i>			(g)(1)(6)
X				Drum accumulation area inspected weekly as per 75.265(q)(5)			(g)(1)(iii)
X				Tank (75.265(r))			(g)(1)(i)
X				Preparedness & Prevention procedures (75.265(h))			(g)(1)(v)
X				Emergency procedures (75.265(i))			(g)(1)(v)
X				Manifests legible (all copies)			(e)(17)



Hazardous Waste Inspection Report TSD Facilities – Storage (Containers)

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			75.265
			X	Containers managed to prevent leaks and spills. (See comments)		(q)(1), (4)
X				Containers are compatible with waste stored.		(q)(2)
	X	X		Containers are closed during storage.		(q)(3)
X				Container storage area inspected weekly for leaks, deterioration, etc.		(q)(5)
X		X		Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line. (See comments)		(q)(6)
X				Satisfactory procedures followed for handling incompatible wastes.		(q)(7), (8)
X				Incompatible wastes separated or protected from other materials.		(q)(9)
X				Containers accumulation areas have containment system capable of collecting and holding spills, leaks, and precipitation.		(q)(10)
X				Containment system has impervious base free of cracks. in. ✓		(q)(10)(i)
X				Efficient drainage provided from base to sump or collection system. in. ✓		(q)(10)(ii)
X				Containment sufficient to contain volume of largest container or 10% of total volume of all containers, whichever is greater. in. ✓		(q)(10)(iii)
X				Run-on into containment system prevented. in. ✓		(q)(11)
X				Spilled or leaked waste and accumulated precipitation removed from sump or collection system with sufficient frequency to prevent overflow. in. ✓ → See comments		(q)(12) 265.178
X	X			At closure, all hazardous wastes and hazardous waste residues removed. Remaining containers, liners, bases, and soil decontaminated or removed. See comments — small plating room		(q)(13)
X	X			Indoor accumulation of reactive or ignitable waste with less than 20% solids meets height and configuration criteria (≤ 6 feet high, 8 ft x 8 ft., 5-foot surrounding aisle space).		(q)(14)(i)
X				Outdoor accumulation of reactive waste with less than 20% solids meets height and configuration criteria (≤ 9 feet high, 16 ft x 16 ft, 5-foot aisle surrounding group, 12 ft access way).		(q)(14)(ii)
	X			Minimum setback of 40 feet maintained for outdoor container accumulation of ignitable or reactive wastes. See comments		(q)(14)(iii) 265.178
X				Accumulation of nonreactive or nonignitable hazardous waste meets height and configuration criteria (≤ 9 feet high).		(q)(14)(iii)
		X		Containers labeled to accurately identify hazardous waste contained. inside		Act 97 Section 403(b)(2)

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable				3-Not Determined				4-Non-Compliance			
Status				REQUIREMENT								Citation			
1	2	3	4									40 CFR Part 268			
				Generators											
X				Notification sent with shipments of wastes that do not meet treatment standards.								7(a)(1)			
		X		Notification and certification sent with shipments of wastes meeting treatment standards. <i>see comments</i>								7(a)(2)			
X				Dilution not used as a substitute for treatment.								3			
X				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.								7(a)(5), (a)(6)			
				Storage Facilities											
				Facility verifies generators classification of waste in accordance with waste analysis plan.								25 Pa Code 265.13(c)			
				Containers marked to identify contents and accumulation date.								50(a)(2)			
				Notification sent with shipments of wastes that do not meet treatment standards.								7(a)(1)			
				Notification and certification sent with shipments of wastes meeting treatment standards.								7(a)(2)			
	V			Facility maintains records of documents produced pursuant to LDR requirements.								7(a)(6)			
				Treatment Facilities, including PBR and RRR Facilities											
X				Dilution not used as a substitute for treatment.								3			
X				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan. <i>samples when discharging twice per week</i>								7(b)			
X				Certification and/or notification sent with shipments of waste.								7(b)(4), (b)(5), (b)(6)			
				Land Disposal Facilities											
				Facility tests wastes received to assure compliance with applicable treatment standards.								7(c)(2)			
				Facility land disposes of restricted waste only if it meets applicable treatment standard.								40			
	V			Facility retains copies of generator notifications and certifications.								7(c)(1)			

Inspection Report Comments

Date of Inspection

3/5/91

Identification Number

PAD 981103617

Company/Facility/Site Name

CMS Gilbreth

Permission to inspect facility granted by James Nash, plant engineer. ~~Accompanied~~ accompanied by Carol Hurty.

The facility is a large quantity generator and a permit by rule facility. The facility does not have/need a NPDES permit. Treated wastes discharged to Bristol Pump. Sewer Auth on River Rd. PDR is for the electroplating facility. Waste streams of haz. waste generated throughout facility includes: Waste Pet. Naphtha, spent ink & solvents, electroplate sludge, waste acid, waste chrome acid solution, alkylene cleaning solution, used solvent (ced rags). Facility started treating & discharging waste in 1988.

Facility used to ship waste thru Waste Conversion. K Petrochem & Chem Met (Michigan) we started to be used in place of Waste Conv. in 2nd Q 1990.

Two Violations

262.13. Facility does not have formal authorization from TSD for wastes shipped offsite. This should be done within 30 days.

262.20 Manifest # 1868649, return copy from TSD (Petro-Chem) was not signed.

① 265.171-3 (4) 55-gal drums full of "Spent electroplating" was stored outside the treatment area. These should be closed properly. Draw-caps were missing. Facility will put caps on by 3/2.

② Act 97 403(b)(2) Also these drums should be labeled as to their Haz. Waste content i.e. ~~Heavy~~ D001

265.178 - Outside empty drum area. There were no lids on at least (3) 55 gal drums. There were fil with precipitation. This precipitation is to be regarded as a hazardous waste since the

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature)

James A. Nash

Date

3-5-91

Inspector (signature)

Michael J. Rybacki

Date

3/5/91

Page 5 of 6



Inspection Report Comments

Date of Inspection March 5, 1991 Identification Number PA D 981103617Company/Facility/Site Name CMS Gilbreth

previously held ^{in product} ~~the~~ ~~products~~. The precipitate in these drums should be disposed as a hazardous waste and empty drums should be all banded.

265.178 A ^{electroplating} roller tank in the small plating room is undergoing closure. Facility is disposing of related wastes properly.

267.34 One haz. waste drum (outside storage) did not have an accum. date. Daily logs mentioned this discrepancy but it has not been corrected yet.

265.178 Ignitable outside storage of hazardous waste should be stored at a 40 FT setback from property line. Facility will accomplish this ~~in~~ within 2 weeks.

268.7(a)(2) Each manifest should be accompanied by a notification & certification form (Land ban). This should start with next haz. waste shipment and pertain to All haz waste shipments.

PPC plan not reviewed in full at this inspection.

PBR inspection performed today. Facility has a 1500 gal treatment tank. Cr⁶⁺ treated with iron chloride to pH of 2-3. Then treated with lime to pH of 10-11. HCl added to waste water before sending to POTW. Sludge shipped offsite as F001.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

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Person Interviewed (signature)

James A. Nark

Date

3-5-91

Inspector (signature)

Michael J. Ryback

Date

March 5, 1991Page 6 of 6

B-37711



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

▶ PA D981103617

INSTALLATION ADDRESS

▶ MALTZ, DONALD OPERATIONS MGR
GILBRETH INT'L CORP
3300 STATE RD
BENSALEM PA 19020
3001 STATE RD
BRISTOL PA 19007